MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8238

1. PLACE OF DEATH

County of Clay — Registration District No. 198

Township ~~Fishing River~~ — Primary Registration District No. 3011

City Excelsior Springs, Mo. ..... St. ..... Ward)

File No. ..... Registered No. 28

2. FULL NAME Royce McBeth

(a) Residence. No. U.S.V. Hospital, Ex. Springs, Mo. Ward. 4931 S. 26th St., Omaha, Nebr.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16, 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
35	35	10	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) unknown

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wymore,
(STATE OR COUNTRY) Nebraska

PARENTS

10. NAME OF FATHER David Royce McBeth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Dora Krouch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT deceased
(Address)

15. FILED 3/12 19 28 Y.D. Craven
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1928 to March 12, 1928 that I last saw him alive on March 12, 1928, and that death occurred, on the date stated above, at 5:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolism

904

(duration) yrs. 2 weeks mos. ds.

CONTRIBUTORY (SECONDARY) Mitral Stenosis

(duration) yrs. unknown mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? unknown

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical and laboratory findings.

(Signed) A.R. Warner, M. D
, 19 (Address) A.R. WARNER, Ward Surgeon

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Scotia, Neb.

DATE OF BURIAL Don't Know.

20. UNDERTAKER Herbert Hope, Excelsior Springs, Missouri

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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